

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-000932

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 16 1967

1. PLACE OF DEATH

a. COUNTY

Dekalb

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN OsbornLength of stay in lb
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4 Mi. N.W.Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE

Missouri

b. COUNTY

Dekalb

c. CITY
OR TOWN OsbornInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
4 Mi. N.W.Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
EARL ANDREW ANDERSON4. DATE
OF DEATHMonth Day Year
1/6/1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-1-1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self employed

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and state or country)

Dekalb

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Andrew Anderson

13b. MOTHER'S MAIDEN NAME

Anne Keesaman

14. NAME OF HUSBAND OR WIFE

Ruby Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ruby Anderson, Osborn, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardiovascular Disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

2 hours

59 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to Jan 6, 1962 and last saw him alive on Jan 6, 1962
Death occurred at 7:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/9/62

23c. NAME OF CEMETERY OR CREMATORY

Evergreen

23d. LOCATION (City, town, or county)

Osborn, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

W. E. Summerfield, Stewartsville, Mo. 1-10-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lertie E. Davidson

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1962

JAN 23 1962

JAN 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.E. Summerfield
Licensed Embalmer No. 3007

P. O. Address Stewartsville, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.